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FACSIMILE TRANSMISSION**DATE:** November 22, 2004**MATTER NUMBER:** 01030 10103730

RECIPIENT(S):	FAX NO.:	PHONE NO.:
GROUP 1600 Examiner S. HUI SPE: S. PADAMANABHAN	571-273-0626 571-273-0629	

FROM: Norman Hanson**FLOOR:** 24**PHONE:** (212) 318-3168**FAX:** (212) 318-3400**RE:** **USSN: 09/834,228 -- Methods And Compositions Useful In Enhancing Oxygen
Delivery To Cells / NIAD 214.1 (10103730)****NUMBER OF PAGES INCLUDING COVER PAGE:** 7**Message:****TRANSMITTED HERewith ARE THE FOLLOWING DOCUMENTS:**

1. Amendment Under 37 CFR §1.111;
2. Petition for Extension of Time (1 month).

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EVELYN ROSARIO AT 212 / 318-3220 AS SOON AS POSSIBLE.**

NOV 22 2004

PTO/SB/22 (10-04)

Approved for use through 7/31/2006. OMB 0851-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004)		Docket Number (Optional) NIAD 214.1 (10103730)	
Application Number 09/834,228		Filed April 12, 2001	
For METHODS AND COMPOSITIONS USEFUL IN ENHANCING OXYGEN DELIVERY TO CELLS			
Art Unit 1617		Examiner San-Ming R. HUI	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00	\$ 55.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430.00	\$215.00	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980.00	\$490.00	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$765.00	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00	\$

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0624 X. I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number _____

☒ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____

Norman Hanson _____
Signature

Norman Hanson
Typed or printed name

November 22, 2004
Date

212 / 318-3168
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

CERTIFICATE OF FACSIMILE TRANSMITTAL

One Month Request for Extension of Time Under 37 CFR 1.136(a)

I hereby certify that this correspondence is being transmitted via facsimile pursuant to 37 CFR 1.6 to Group 1800, Examiner S. Hui at Facsimile Number: (571) 273-0828 and SPE: S. PADAMANABHAN at Facsimile Number (571) 273-0628 of the United States Patent & Trademark Office.

Dated: November 22, 2004Signature: [Signature]

(Evelyn Rosario)